

ATTACHMENT 4

PROCEDURE CODES IN WHICH REIMBURSEMENT
IS DETERMINED AT TIME OF PRIOR AUTHORIZATION

REHABILITATION AGENCIES

E1350 Repair or Non-Routine Service (e.g., breaking down)
E1360 Replacement, Supply or Accessory Necessary for Effective Use of Medically
Necessary Equipment Owned by
E1399 Durable Medical Equipment, Not Otherwise Classified

L1499 Unlisted Procedure for Spinal Orthosis
L2999 Unlisted Procedures for Lower Extremity Orthoses
L3999 Unlisted Procedure for Upper Limb Orthosis
L4210 Repair of Orthotic Device, Repair or Replace Minor Parts

W0905 Bathroom Equipment, Includes, Rails, Seats, Stools, Benches, any Type
W6634 Orthosis, Custom, Fabricated Additions/Modifications
W6808 Communicator (Including Accessories)
W6849 Adaptive/Positioning Equipment, Not Otherwise Classified
W6891 Consultant Approved-DME Purchase Not Otherwise Classified

PHYSICAL THERAPISTS

E1360 Replacement, Supply or Accessory Necessary for Effective Use of Medically
Necessary Equipment Owned by
E1399 Durable Medical Equipment, Not Otherwise Classified

L1499 Unlisted Procedure for Spinal Orthosis
L2999 Unlisted Procedures for Lower Extremity Orthoses
L3999 Unlisted Procedure for Upper Limb Orthosis
L4210 Repair of Orthotic Device, Repair or Replace Minor Parts

W6634 Orthosis, Custom, Fabricated Additions/Modifications
W6891 Consultant Approved-DME Purchase Not Otherwise Classified

OCCUPATIONAL THERAPISTS

E1360 Replacement, Supply or Accessory Necessary for Effective Use of Medically
Necessary Equipment Owned by
E1399 Durable Medical Equipment, Not Otherwise Classified
L1499 Unlisted Procedure for Spinal Orthosis
L2999 Unlisted Procedures for Lower Extremity Orthoses
L3999 Unlisted Procedure for Upper Limb Orthosis
L4210 Repair of Orthotic Device, Repair or Replace Minor Parts

W0905 Bathroom Equipment, Includes, Rails, Seats, Stools, Benches, any Type
W6634 Orthosis, Custom, Fabricated Additions/Modifications
W6849 Adaptive/Positioning Equipment, Not Otherwise Classified
W6891 Consultant Approved-DME Purchase Not Otherwise Classified

SPEECH/HEARING CLINICS

E1360 Replacement, Supply or Accessory Necessary for Effective Use of Medically
Necessary Equipment Owned by
E1350 Repair or Non-Routine Service (e.g., breaking down)
W6808 Communicator (Including Accessories)
W6891 Consultant Approved-DME Purchase Not Otherwise Classified
W6999 Unlisted Hearing Aid Services

SPEECH THERAPY

E1360 Replacement, Supply or Accessory Necessary for Effective Use of Medically
Necessary Equipment Owned by
E1350 Repair or Non-Routine Service (e.g., breaking down)
W6808 Communicator (Including Accessories)
W6891 Consultant Approved-DME Purchase Not Otherwise Classified